

Schick test will allow a more sharp demarcation of the level below which positive reactions regularly occur. At the present time when four- or ten-fold strengths of

Schick toxin are used pseudo-reactions are so prone to occur that their general application is not to be advocated.

ARNOLD BRANCH

Editorial Comments

Recent Amendments to the Opium and Narcotic Drug Act

We have received a copy of the Opium and Drug Narcotic Act of 1929, as amended in 1938. The amendments became effective on August 1st. They chiefly, so far as physicians are concerned, relate to the placing of codeine and paracodeine on the Narcotic Schedule. This change was highly desirable.

We took occasion in an editorial some three years ago* to refer to the situation as it related to codeine at that time. Codeine was then classed by the International Convention at Geneva as a non-habit-forming drug. Consequently, it was not scheduled among the dangerous drugs. It could be, and was, sold very freely, and the Opium and Narcotic Drug Act gave merely some insufficient control over the importation and exportation of the drug. It became apparent that Canada had the "bad eminence" of leading the world in the per capita consumption of codeine, the figure, 109 kg. per million, being almost four times as great as that quoted for the next competitor, the United States. Concomitantly, it was noted that, taking Canada alone, the increase in the amount of codeine absorbed went hand in hand with a decrease in the amount of morphine and heroin imported. The inference was, naturally, that as, owing to the activities of the Narcotic Division at Ottawa, it was becoming increasingly difficult to obtain supplies of the two drugs last mentioned, addicts were turning to codeine. Also, it may be mentioned that, to obtain effects similar to those of morphine and heroin, it was necessary to use much larger quantities of codeine. The situation was therefore unsatisfactory, and in as much as it was clear that codeine was being brought into the country in quantities far in excess of the amount necessary for legitimate medical practice, a "gentlemen's agreement" was entered into with the wholesalers of drugs to keep their sales down to a certain specified minimum, and to report to the Government and the secretaries of the various provincial pharmaceutical bodies instances which they thought where retailers were overstepping the mark. This was, of course, some improvement but could not be termed a satisfactory arrangement. Codeine could be bought almost anywhere in Canada (except in Manitoba) over the counter. Gradually, it became clear that

codeine was a habit-forming drug, and Col. C. H. L. Sharman, Chief of the Narcotic Division, Ottawa, made strong representations on the matter to the Committee at Geneva, pointing to the unsatisfactory character of the regulations. No doubt, it is due to his strong advocacy that the situation has been changed for the better.

Coming to the Amendments to the Canadian Act in so far as they concern physicians, it may be specified that:

"Sections 6, 10, and 16 are removed from the previous exemption and apply with full force to the drugs mentioned in both Parts I and II of the Narcotic Schedule. In other words, codeine and paracodeine now come within the same category as morphine, heroin, etc., in relation to (a) being prescribed for or furnished to a patient only when required for medicinal purposes; (b) any patient obtaining same from more than one physician during treatment; (c) it being forbidden to supply same to or prescribe for any habitual user for self-administration, unless there exists a diseased condition caused otherwise than by the excessive use of any drug.

"In the Regulations, Section 9 now applies to all the drugs in the Narcotic Schedule and requires a physician, on request, to furnish such information as may be requested in relation to any narcotics which he may have received, prescribed or distributed."

Col. Sharman, in a circular letter to the profession, says:

"May I also take this opportunity of pointing out that upon a number of occasions retail druggists are requested by physicians to deliver narcotics on a telephone order. Such a delivery on the part of the druggist is absolutely prohibited by Section 5 of the Act, which requires such druggist to deliver narcotics solely on a written and dated order, bearing a signature either known to him or which, if unknown, is verified before the order is filled. Apart from the breach of the law involved when a telephone order is accepted, such acceptance is distinctly unfair to the large majority of druggists who conform to the legislation. It would be very helpful, therefore, if members of the medical profession would bear this in mind and refrain from telephoning their orders for narcotics to retail druggists."

All conscientious physicians will be gratified that this important matter has been settled, and that codeine and paracodeine have at last been placed in the category where they belong, with the other opium derivatives.

A.G.N.

Forthcoming Lectures on Nutrition

We are pleased to be able to announce that, owing to the good offices of the Association's Committee on Nutrition, of which Dr. F. F. Tisdall, of Toronto, is the capable and energetic Chairman, Canadians over a large part of our country are to have the privilege of listening

* *Canad. Med. Ass. J.*, 1935, 32: 424.

to a number of lectures on diet and nutrition delivered by two men who, as all will admit, are eminently qualified to speak on their subjects.

Sir Edward Mellanby, K.C.B., M.D., F.R.S., Secretary of the Research Council of Great Britain, is well-known for his far-reaching researches into the question of diet and nutrition, and, particularly, of the vitamins. The following is his program. On Wednesday, October 5th, he will give an address at Queen's University, Kingston, Ont. On Thursday, October 6th, he will give a public address in the evening at Ottawa. Arrangements are being perfected for a fifteen-minute trans-Canada broadcast by radio. On Wednesday, October 12th, a public address will be given in Toronto, and on October 13th or 14th, in Montreal. Sir Edward sails for England from Quebec on October 15th.

Dr. L. H. Newburgh, the other lecturer, is Professor of Clinical Investigation in the University of Michigan, Ann Arbor. Doctor Newburgh is a graduate in medicine of Harvard (1908) and interned at the Massachusetts General Hospital. He then studied for a year in the Nutrition Laboratories at Vienna and Berlin. Professor Newburgh's wife is a Canadian, a native of Montreal.

His scientific work all has been in one general field, namely, the rôle of nutrition in the etiology and the treatment of disease. It might fall into some such outline as follows.

1. Dietetic treatment of diabetes, using the diet restricted in carbohydrate and high in fat, especially when the patient could be kept aglycosuric with such a diet without the use of insulin.

2. The dietetic treatment of nephritis. This was accompanied by animal experiments designed to answer the question, "Does animal tissue taken as food produce kidney damage?" followed by investigations on the cause and treatment of œdema.

3. The nature of obesity, which led to the necessity of developing a method whereby energy expenditure could be studied accurately over long periods of time. The result was a procedure for determining insensible loss of weight and calculating the total expenditure.

4. Work with the respiration calorimeter was a logical consequence of the insensible loss studies; a means of checking by indirect calorimetry the results of those studies.

Professor Newburgh will tour in the west and will address the Annual Meetings of the Provincial Bodies and, as well, will give public addresses. His itinerary is as follows. Calgary, Alberta, September 12th, 13th and 14th; Victoria, British Columbia, September 15th, 16th and 17th; Regina, Saskatchewan, September 21st; Winnipeg, Manitoba, September 22nd, 23rd and 24th.

In his public addresses Dr. Newburgh will speak on "Normal nutrition". The subjects

of his more scientific talks will be "A new interpretation of diabetes in obese middle-aged persons" and "The nature and management of nephritic œdema".

It should be unnecessary to dilate on the importance of these lectures. As a new venture on the part of our Association we commend these lectures to our membership, in the hope that widespread interest will be aroused in the matter of diet and nutrition, a sound knowledge of which is so essential for the well-being of our people.

A.G.N.

The British Journal of Rheumatism*

This is a new journal, the first number of which appeared in July of this year. It is described as "a new and entirely independent illustrated review devoted to the practical and clinical aspects of rheumatism in all its phases." It is hoped that it will appeal not only to the specialist in rheumatic diseases, but to other specialists as well, and, moreover, to the general practitioner. Contributors will be drawn from all countries and the new journal will endeavour to cover its field completely. Special attention will be given to treatment. Books will be reviewed and correspondence encouraged, so that, all in all, the *British Journal of Rheumatism* should have a wide appeal. It is, we believe, the only journal on its special subject to be published in the British Empire. It will appear quarterly.

The new journal presents an attractive appearance. The first number contains commendatory forewords by Lord Horder and Dr. R. Fortescue Fox. Among the contributors are Sir William Willecox, Sir Leonard Hill, Leonard Findlay, E. C. Warner, F. G. Thompson, Campbell Golding, A. H. Douthwaite, C. B. Heald, A. P. Cawadias, and P. Johnston-Saint, names which guarantee the excellence of the contents. The range of the new journal can be gathered from the following list of articles which are to follow. The "inductotherm" in the treatment of rheumatism; The endocrines in relation to rheumatism; Chorea; Gout, acute and chronic; The painful shoulder; Gonococcal arthritis; Gold therapy in rheumatism; Rheumatoid arthritis; The blood sedimentation rate in rheumatism; Backache; Crural fibrositis; Epicondylitis, tennis elbow and allied conditions; Occupational rheumatism; The drug treatment of rheumatism; Medicated baths in the treatment of rheumatism; Interstitial neuritis of rheumatic origin; The peripheral circulation in rheumatism; Spondylitis; Bursitis.

The *British Journal of Rheumatism* can be thoroughly commended.

A.G.N.

* The *British Journal of Rheumatism*, Baillière, Tindall and Cox, 7 Henrietta St., London, W.C. 2; quarterly, price 12/6 per annum; single copies, 3/6.